

Receipt # _____ CK # _____
Received By: _____ Date _____

ATHLETIC ROSTER - Adult

Memphis Park Services



TEAM NAME: _____

ROSTER MUST BE SUBMITTED BEFORE FIRST LEAGUE GAME

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	PLEASE PRINT PLAYERS NAME			SIGNATURE	WORK PHONE	CELL PHONE
	FIRST	MIDDLE INITIAL	LAST			

MANAGERS INFORMATION		SPORT – check one	
NAME		<input type="checkbox"/>	Summer Softball
ADDRESS		<input type="checkbox"/>	Summer Basketball
CITY	ZIP	<input type="checkbox"/>	Fall Softball
WORK #	CELL#	<input type="checkbox"/>	Fall Basketball
E-MAIL:		<input type="checkbox"/>	Summer Kickball
ASSISTANT MANAGER		<input type="checkbox"/>	Fall Kickball
NAME		<input type="checkbox"/>	Volleyball
ADDRESS			
CITY	ZIP		
WORK#	CELL#		
E-MAIL:			

NOTE: